



Weekly Top Nine Scripts

9/17/2006 – 9/23/2006



Drug Coverage Enrollment Disenrollment Probing Questions SEP

Drug Coverage Complaints

CC Part B Covered/Noncovered Services

Drug Coverage LIS Extra Help Apply

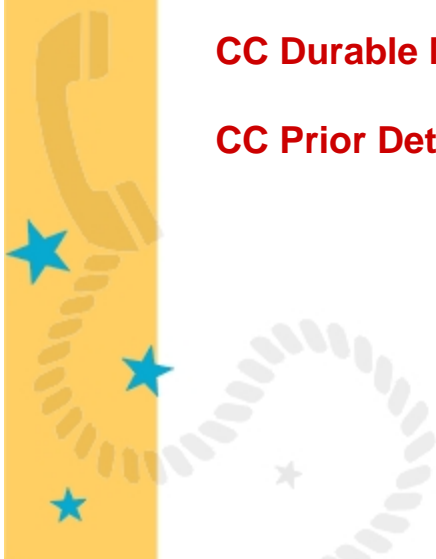
EE Ordering Replacement Medicare Card

EE How Medicare Advantage Plans Work

SSA Premium Issues Part B and Drug Coverage

CC Durable Medical Equipment Covered/Noncovered

CC Prior Determination of Medicare Coverage FFS Referral



Drug Coverage Enrollment Disenrollment Probing Questions SEP

START » Use this script if caller wants to join, disenroll, or switch drug plans.

The first enrollment period was from November 15, 2005 to May 15, 2006 to join a Medicare drug plan. It lasted until June 30, 2006 if you were joining a Medicare Advantage plan.

Generally, you can only make changes to your drug coverage during the annual election period, which is from November 15 to December 31 of each year. In some situations, you may be able to join a Medicare drug plan at a different time.

Did you just turn 65 or did you just reach the 25th month of disability?

If YES, click on situation below depending on the caller.

If NO, [click here](#).

That is:

- [Your Medicare will become effective in the next 3 months](#), OR
- [Your Medicare became effective in the past 3 months](#), OR
- [You have 90 days from the date that you were notified that you are entitled to Medicare. The date can be found on the letter you received from the Social Security Administration \(SSA\).](#)

CSR NOTE: You can go to Beneficiaries tab to find the effective date of either Part A or Part B (whichever is **earlier**).

Based on the information you provided, you may be able to join a Medicare drug plan because you may be in your initial enrollment period. This period starts 3 months before the month you become eligible for Medicare and ends 3 months after the month that you become eligible for Medicare. (It is a total of 7 months.)

If you apply before your Medicare starts, the drug plan will start on the same day as your Medicare. If you apply after your Medicare starts, your drug plan will start on the first day of the month after your plan receives the application.

If you change your mind, you can switch plans or cancel your enrollment **before** the effective date of your plan. Once your plan becomes effective, you have to wait until the next enrollment period to make changes to your coverage.

I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool.

[\(End\)](#)

Based on the information you provided, you may be able to join a Medicare drug plan because you missed your initial enrollment period. You may get a special enrollment period that starts the month that you received notice of your Medicare entitlement and ends 2 months after this month. (The total period of time is 3 months.)

Your drug plan will start on the first day of the month after your plan receives the application. You will not get retroactive drug coverage.

If you change your mind, you can switch plans or cancel your enrollment before the effective date of your plan. Once your plan becomes effective, you have to wait until the next enrollment period to make changes to your coverage.

I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool.

[\(End\)](#)

If you don't qualify for a special enrollment period, your next chance to join, switch or disenroll will be during the annual election period - November 15 to December 31. The coverage will start on January 1 of next year.

You may be able to make an additional change during the open enrollment period for Medicare Advantage Plans (January 1 - March 31). [Click here for more information.](#) In 2006, the Medicare Advantage open enrollment period was from January 1 to June 30.

READ: I am about to read a list of reasons that would allow a special enrollment

period. Please stop me if you hear a reason that applies to you.

The reasons are:

****Click for more info about each****

- [You have both Medicare and Medicaid \[dual eligible\] \(AND/OR the enrollment type in the MA PDP tab is "A"\).](#)
- [You get help from your state with your Medicare premiums \(AND/OR the enrollment type in the MA PDP tab is "C"\).](#)
- [You get SSI or you're approved for the extra help \(AND the enrollment type in the MA PDP tab is "C"\).](#)
- [You get SSI or you're approved for the extra help \(AND the enrollment type in the MA PDP tab is "B"\).](#)
- [You get SSI or you're approved for the extra help \(AND there is no plan listed in the MA PDP tab\).](#)
- [You move outside your plan's service area.](#)
- [You leave, live in or move into a long term care \(LTC\) facility.](#)
- [You don't have Part A and you enroll in Part B during the general enrollment period \(January - March\). **Check Beneficiaries applet - there shouldn't be an effective date for Part A AND the effective date for Part B should be July 1. If both are true, click here.**](#)
- [You involuntarily lose your current creditable drug coverage.](#)
- [You join or leave a creditable employer/union group health plan, Federal employee health benefits \(FEHB\), or COBRA.](#)
- [You joined a Medicare drug plan, but later found out that you have other drug coverage that is creditable. Because of this, you want to disenroll from the Medicare drug plan.](#)
- [You thought you had other drug coverage that was creditable, but later found out that it is not creditable. You now want to join a drug plan.](#)
- [You leave a Program of All-inclusive Care for the Elderly \(PACE\).](#)
- [You were affected by Hurricanes Katrina, Rita or Wilma.](#)
- [You are enrolled in a State Pharmacy Assistance Program \(SPAP\). If caller doesn't know if they are in an SPAP, \[click here\]\(#\).](#)
- [You recently moved back or are moving back to the United States and you missed your initial enrollment period.](#)
- [You were incarcerated \(in prison\), you missed your initial enrollment period, and you now want to join a Medicare drug plan.](#)
- [You left a Medigap policy to join a Medicare Advantage Plan for the first time. You now](#)

want to return to Original Medicare and it has been less than a year since you joined the Medicare Advantage Plan.

- In the last 12 months, you joined a Medicare Advantage plan when you first turned 65. You now want to return to Original Medicare.
- You have TRICARE or VA and a Medicare drug plan and you want to disenroll from the Medicare drug plan. OR You have a Medicare drug plan and you want to disenroll in order to join TRICARE or the VA.
- You enrolled in SCAN (an MA-PDP) and had an effective date between March 1 and July 1, 2006. You must live within 15 miles of the Pomona Valley Medical Center, which is in Los Angeles County near the borders of San Bernardino and Riverside Counties.

****If caller thinks s/he qualifies for a special enrollment period (based on the above reasons), you can use the PDPF tool to enroll the caller.****

****If above reasons don't apply, [click here](#) (for EE reason and AEP language).**

ADDITIONAL INFORMATION:

You may have to pay a penalty if you didn't join a drug plan when you were first eligible, even if you are given a special enrollment period. [SEE SCRIPT CC Medicare Costs and Premiums (Drug Coverage Cost Late Penalty)]. **You will not have a penalty if you get the extra help.**

Generally, once you join, switch, or disenroll, the special enrollment period is over. Your enrollment/disenrollment request is not guaranteed until you get a letter from the plan. The plan will check your eligibility for a special enrollment period.

If you enroll, switch or disenroll but change your mind before the change goes into effect, you should call your plan to cancel the enrollment/disenrollment request.

From January 1 - March 31 (OEP), the following changes can be made:

If you are already in:	You may be able to enroll in:
Medicare Advantage Prescription Drug Plan	another Medicare Advantage Prescription Drug Plan or Original Medicare + Prescription Drug Plan
Medicare Advantage only	another Medicare Advantage only or Original Medicare only
Original Medicare + Prescription Drug Plan	Medicare Advantage Prescription Drug Plan
Original Medicare only	Medicare Advantage with no drug coverage

[\(End\)](#)

Medicare should have picked a plan for you. You can join, switch, or disenroll at any time. The effective date will be the first day of the month after the plan receives the request.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

If you didn't join a plan on your own, Medicare picked a plan for you. You get a special enrollment period to switch plans once until December 31. The effective date will be the first day of the month after the plan receives the request.

Keep in mind that if you want to switch plans, you should just join another one. If you disenroll or opt out, that will use your one chance to switch plans and you will have to wait until the next annual election period.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

Since you are already in a plan that you chose, you will not be given a special enrollment period.

Your next chance to join will be during the annual election period (November 15 to December 31). The coverage will start on January 1 of next year.

[\(End\)](#)

You get a special enrollment period to join a drug plan. If you don't join a plan on your own, Medicare will pick a plan for you. If Medicare picks a plan for you, you get a special enrollment period to switch plans once until December 31. The effective date will be the first day of the month after the plan receives the request.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

You must notify your current plan that you are moving. You can join a Medicare drug plan in your new area as early as the first day of the month before you move. This way, your new coverage will begin the first day of the month in which you move. Or, you can join up to two months after you move. The effective date will be the first day of the month after the new plan receives the request.

This special enrollment period will allow you to make the following choices, based upon the current type of coverage you have:

Current Coverage:	Options under this SEP:
Original Medicare and a prescription drug plan (PDP)	<ul style="list-style-type: none"> - Original Medicare and PDP - Medicare Advantage with prescription drug coverage (MA-PD) - Original Medicare
Medicare Advantage with prescription drug coverage (MA-PD)	<ul style="list-style-type: none"> - MA-PD - Original Medicare and PDP - Original Medicare - MA only
Medicare Advantage with no prescription drug coverage (MA-only)	<ul style="list-style-type: none"> - MA-only - MA-PD (since MA-only plan may not be available in every service area) - Original Medicare
Original Medicare	<ul style="list-style-type: none"> - Original Medicare

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

If you enter or live in a long term care facility, you get a special enrollment period for the time you're in the facility. Once you leave, you will get another special enrollment period to switch plans that lasts up to 2 months.

CSR NOTE: A long term care (LTC) facility provides care for residents who require some form of medical care. These include nursing homes (skilled intermediate care), psychiatric hospitals, rehabilitation hospitals, or long term care wings in community hospitals.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

Since you enrolled in Part B during the general enrollment period (January to March), you can join a drug plan from April 1 to June 30. It will start on July 1.

READ if it is between April 1 and June 30:

Based on the information you provided, you may be able to join a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. You should enter information in the CMS-only field to explain which SEP the beneficiary qualifies for.

[\(End\)](#)

The special enrollment period begins the month that you're told of the loss of creditable coverage and either ends 60 days after the loss or 60 days after you're told, whichever is later. If the coverage is lost because you didn't pay your premiums, you won't get a special enrollment period.

The effective date of your enrollment into a drug plan can be the first day of the next month, or you can choose an effective date in the future, but the date may be no more than two months from the end of the special enrollment period.

CSR NOTE: Creditable drug coverage is coverage that is at least as good as the standard Medicare prescription drug plan.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

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- You get a special enrollment period if you join an employer/union group plan, FEHB, or COBRA and want to disenroll from your Medicare drug plan. This coverage must be creditable for you to be eligible for the special enrollment period.
 - You get a special enrollment period if you want to join a Medicare drug plan because you drop your employer/union group plan, FEHB, or COBRA. This coverage must be creditable for you to be eligible for the special enrollment period.

The special enrollment period lasts for 3 months after the month that the request to either join or leave the employer/union group health plan, FEHB, or COBRA is made.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

Since your other drug coverage is considered to be creditable, you get a special enrollment period to disenroll from your Medicare drug plan.

READ:

Based on the information you provided, you may be able to disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit a disenrollment request for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to disenroll, [click here](#).

[\(End\)](#)

Since your other drug coverage is not considered to be creditable, you get a special enrollment period to join a Medicare drug plan.

READ:

Based on the information you provided, you may be able to join a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. You should enter information in the CMS-only field to explain which SEP the beneficiary qualifies for.

[\(End\)](#)

If you disenroll from a Program of All-inclusive Care for the Elderly (PACE), you have 2 months to join a Medicare drug plan.

READ:

Based on the information you provided, you may be able to join a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

If you were affected by Hurricanes Katrina, Rita or Wilma, you may get a special enrollment period (SEP) to join or switch Medicare drug plans at any time through December 31, 2006. You are eligible for this special enrollment period (SEP) if you lived in a parish or county named by the Federal Emergency Management Agency (FEMA) as eligible for "individual assistance" at the time of the hurricane. You can use this special enrollment period even if you temporarily moved to a different location.

****CSR NOTE:** See "Hurricane Katrina Rita Wilma Parish County SEP" in Reference Materials for a list of the counties/parishes. **

To be eligible for this special enrollment period (SEP), you will be asked for proof, such as a driver's license or a utility bill, to show that you lived in an affected area. If you do not have this, the drug plan will accept your statement that you did live in the affected area.

You will not have a penalty if you join a plan before December 31, 2006.

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. If caller wants to disenroll, [click here](#).

[\(End\)](#)

What is the name of the program that you are in?

CSR NOTE: Go to "State Pharmacy Assistance Programs (SPAP) and Part D" in Reference Materials to see if that program is on the list of SPAPs.

If it is, [click here](#).

If it is not, [click here](#).

Read only if the caller is enrolled in an SPAP

If in a plan, READ:

Since your State Pharmacy Assistance Program (SPAP) enrolled you in a Medicare drug plan, you can switch plans or disenroll once by the end of the year.

CSR NOTE: If caller wants to switch plans, use the PDPF tool. If caller wants to disenroll, [click here](#).

If not in a plan, READ:

You get a special enrollment period to join a drug plan.

CSR NOTE: If caller wants to join a plan, use the PDPF tool.

**CSR NOTE: Access "State Pharmacy Assistance Programs (SPAP) and Part D" in Reference Materials to verify that an organization is a SPAP. The document also contains which SPAPs

enrolled their beneficiaries and when this occurred.* *

READ:

Based on the information you provided, you may be able to join, switch, or disenroll from a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application or disenrollment request. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment or disenrollment. Your plan may contact you for more information.

[\(End\)](#)

Since you were not eligible to enroll in a Medicare drug plan during your initial enrollment period (or from November 15, 2005 to May 15, 2006), you may be able to enroll in a plan now. The enrollment period starts 3 months before the month you become eligible for Medicare drug

coverage and ends 3 months after the month that you become eligible for Medicare drug coverage. You are eligible for Medicare drug coverage when you move back into the country.

****CSR NOTE:** This also applies to people that were out of the country and were not able to enroll on or before May 15. ******

READ:

Based on the information you provided, you may be able to join a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool.

[\(End\)](#)

Since you were not eligible to enroll in a Medicare drug plan during your initial enrollment period (or from November 15, 2005 to May 15, 2006), you may be able to enroll in a plan now. The enrollment period starts 3 months before the month you become eligible for Medicare drug coverage and ends 3 months after the month that you become eligible for Medicare drug coverage. You are eligible for Medicare drug coverage when you are no longer incarcerated.

READ:

Based on the information you provided, you may be able to join a Medicare drug plan because you may be eligible for a special enrollment period. I can submit an enrollment application for you. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to enroll, use the PDPF tool. You should enter information in the CMS-only field to explain which SEP the beneficiary qualifies for.

[\(End\)](#)

CSR NOTE: Check the MA PDP tab to see what type of Medicare Advantage plan the caller is in and if the effective date is less than a year from today's date.

Is the effective date of the MA plan or the MA PDP plan less than one year from today?

[YES](#) / [NO](#)

Which type of plan is the caller in:

[Medicare Advantage Plan \(with NO drug coverage\)](#)

[Medicare Advantage Prescription Drug Plan](#)

Based on the information you provided, you may be eligible for a special enrollment period to leave your Medicare Advantage Plan to return to Original Medicare. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information.

If you want to join a prescription drug plan, you need to wait until the annual election period (November 15 - December 31).

CSR NOTE: If caller wants to switch to Original Medicare, transfer to a Tier 2. If you are a Tier 2, use "Disenrollment Process" script.

[\(End\)](#)

Based on the information you provided, you may be eligible for a special enrollment period to leave your Medicare Advantage Plan to return to Original Medicare and join a prescription drug plan. I can submit an enrollment application for you to join a Medicare drug plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information.

CSR NOTE: If caller wants to switch to Original Medicare and a prescription drug plan, use the PDPF tool. When the caller joins a prescription drug plan, it will automatically disenroll them from the Medicare Advantage Plan and return them to Original Medicare.

[\(End\)](#)

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- If you have TRICARE or VA coverage and a Medicare drug plan, you are eligible for a special enrollment period to disenroll from your Medicare drug plan.

In the case of TRICARE, this will allow the TRICARE coverage to be primary again.

- If you have a Medicare drug plan and you **want to join** TRICARE or the VA, you are eligible for a special enrollment period to disenroll from your Medicare drug plan.

****CSR NOTE:** If caller wants to disenroll, check the MA PDP tab. Is the caller deemed or LIS-approved?

YES: Tier 1 transfer to a Tier 2. Tier 2 should disenroll and opt out the beneficiary.
NO: Tier 1 transfer to a Tier 2. Tier 2 should disenroll the beneficiary.

For more information, READ SCRIPT = Drug Coverage TRICARE Veteran VA Disenrollments SEP

[\(End\)](#)

If you enrolled in SCAN (an MA-PDP) and had an effective date between March 1 and July 1, 2006, you may get a special enrollment period to join another MA-PDP or PDP until November 30, 2006.

In order to get this special enrollment period, you must live within 15 miles of the Pomona Valley Medical Center, which is in Los Angeles County near the borders of San Bernardino and Riverside Counties.

You should have received a letter (mailed on September 13, 2006) explaining that you may have received incorrect information about SCAN's hospital network. Because of this, you qualify for a special enrollment period to switch plans until November 30, 2006.

If you join another plan by contacting the new plan:

You will need to give a copy of this letter to the new plan you want to join. They can then document that you are eligible for this special enrollment period.

I can help you join another plan now:

After I submit your enrollment, the new plan will contact you to determine if you are eligible for this special enrollment period. They may request a copy of the letter you received.

****CSR NOTE:** You should choose the "Other" SEP category when you enroll the caller using the PDPF tool. **

REFERENCE MATERIAL = Drug Coverage SEP Letter to SCAN Members who Enrolled under False Pretenses

[\(End\)](#)

ASK: Why did you miss the enrollment period (IEP, AEP, SEP)?

DO NOT READ THE FOLLOWING TO THE CALLER

CSR NOTE:

- If the caller enrolled directly with the drug plan and the plan has no record of the enrollment, OR
- If the caller received a letter stating that they were disenrolled and this is an error (for example: the letter says that they lost Part A and/or Part B OR there is a date of death on file) These should be regular complaints. **Do not log them as an Enrollment Exception (EE)**. Go to the PDP Regional Office Referral.

The only reasons that will allow for an exception are:

- A serious medical emergency, such as an unexpected hospitalization that caused a person to miss enrolling in a drug plan during an enrollment period (IEP, AEP, SEP). ****CSR NOTE: The beneficiary has to be in the hospital for the majority of the enrollment period (IEP, AEP, SEP). (This is for the Regional Office to decide after the EE is submitted.)****
- The caller elected Medicare hospice coverage and was in hospice care for the majority of the enrollment period (IEP, AEP, SEP). Therefore, s/he wasn't able to enroll in a Medicare drug plan.
- The caller was misled into joining one type of plan when they thought they were joining another type of drug plan. (For example: The caller joined a Medicare Advantage Prescription Drug Plan, thinking that it was a Prescription Drug Plan. Or the caller joined a Medigap plan thinking it was a Prescription Drug Plan, or the caller joined a Prescription Drug Plan thinking it was a Medigap plan.)

Examples that would NOT ALLOW for an exception (**if caller falls into one of these categories, DO NOT file an EE**):

- Unsuccessful attempt to call 1-800-MEDICARE or the drug plan
- Bad weather
- Home computer crashed
- Caller thought the drug discount card lasted longer, so they didn't enroll in a drug plan
- Caller thought the drug discount card was creditable, so they didn't enroll in a drug plan
- Caller didn't know about the Medicare drug coverage
- Power or phone failure that prevented enrollment
- A mailed enrollment form returned as undeliverable on or after the end of the enrollment period
- Caller called Medicare and didn't receive a call back.
- Caller just started taking prescriptions and wants to join a drug plan.
- Caller just changed prescriptions and wants to join or switch plans.

Does the caller get an exception based on one of the THREE reasons above?

[YES](#) / [NO](#)

****CSR NOTE:** Call the Help Queue. You should remain in queue until an actual agent is reached. DO NOT perform a blind transfer. If it is truly an EE, the Help Queue will take ownership of the call and file the EE. If it is not an EE, the Help Queue will tell you how to handle the call. **

****DO NOT FILE AN EE FOR ANY REASON. The Help Queue will be the only ones filing EEs. ****

If the caller needs to wait for the AEP, [click here](#) for the language.

If you are a **Help Queue agent** and you need language to read about filing the EE, [click here](#).

[\(End\)](#)

I'm sorry, but the deadline for enrolling has passed. Your next chance to join will be during the annual election period (November 15 to December 31). The coverage will start on January 1 of next year.

****If the caller feels strongly about joining a drug plan now, please use your soft skills to explain that they have to wait.****

[\(End\)](#)

****Only read this section if you are a Help Queue agent.****

This will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. They will decide if you can still enroll.

CSR NOTE: Do not enroll the caller in a drug plan. Go to the PDP Regional Office Referral in the Surveys tab. Choose "EE (Enrollment Exceptions)" in the Complaint Plan Name drop down menu.

[\(End\)](#)

Please keep in mind that if you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan.

If you switch plans, you can use your old plan until the new plan starts. All out-of-pocket costs (including the deductible) that you already paid will transfer to your new plan.

CSR NOTE:

- If caller wants to switch plans, use the PDPF tool.
- If caller wants to disenroll (and the beneficiary is present or caller can attest to legally representing the beneficiary), Tier 1 transfer to Tier 2. Tier 2 use "Disenrollment Process" script.

[\(End\)](#)

Use this script if a beneficiary or pharmacist has a complaint related to Medicare Drug Coverage.

**If caller wants to join, switch or disenroll from a plan, READ Drug Coverage Enrollment Disenrollment Probing Questions SEP.

**If caller was denied enrollment into a plan, READ: RP Drug Coverage Denial Claim Enrollment Appeal.

READ: Have you tried to contact your plan about this issue?

[YES, but issue was not resolved.](#)

[YES, could not get through.](#)

[NO](#)

What is the caller's complaint?

[LIS issue \(includes paying too much for drug co-pay, deductible, etc.\)](#)

[LIS premium issue \(paying too much\)](#)

[Does not have ID card or confirmation letter](#)

[Not in plan they want \(enrollment or disenrollment issue\)](#)

[Formulary issue \(drug not covered, drug price not correct \(non-LIS\), quantity limits or prior approval\)](#)

[Pharmacy will not accept ID card or letter](#)

[Other](#)

Is the complaint related to Fraud, Waste, or Abuse?

[YES](#) / [NO](#)

(CSR Note: Ask any of the following probing questions if needed.)

Did someone call you and try to enroll you into a drug plan over the telephone?

Are you listed on the National "Do Not Call" Registry? (CSR Note: If caller answers "yes" ask:
Did a plan call you even though you are on this registry?)

Did someone come to your home uninvited, claiming to be from Medicare or SSA?

Did a plan ask about your personal health history when you tried to enroll in a plan?

Did a plan send you materials without the "Medicare-Approved" seal?

Did someone ask you to sell your prescription drugs to another person for money?

Did someone ask you to sell your ID card to another individual for money?

Did someone ask you to fill a prescription for them using your ID card?

Do you feel that your plan has discriminated against you in some way?

Are there prescriptions on your Explanation of Benefits (EOB) that you didn't receive?

Is the complaint related to Education and Outreach? (Use only if caller is frustrated and does not want you to provide them with any other help.)

[YES](#) / [NO](#)

(CSR Note: Ask any of the following probing questions if needed.)

Do you need personalized help with your drug coverage choices?

Do you feel that you are not receiving enough help with your prescription drug coverage choices?

Do you need help filling out forms to enroll in a plan?

Do you need help understanding all of the materials you have received in the mail?

Do you need help filing an appeal or requesting an exception?

Is the complaint related to Quality of Care?

[YES](#) / [NO](#)

(CSR Note: Ask any of the following probing questions if needed.)

Did a pharmacy refuse to fill a prescription for you?

****CSR NOTE:** If the pharmacist can't fill a prescription because they are unable to verify drug plan enrollment or co-pay levels, the complaint is not related to the category Quality of Care. Please [click here](#).

Did a pharmacy give you the wrong prescription?

Did a pharmacy give you the wrong dosage?

Did a pharmacy give you a partial prescription (example: should be a 30-day supply but only received a 20-day supply)?

Did a pharmacy refuse to help you understand the medication that you were prescribed?

Did your doctor prescribe a drug that caused a bad reaction?

Please refer the caller to the MEDIC contractor.

READ: You will need to report this complaint to the Delmarva Foundation for Medical Care, Inc. They are handling all issues related to potential fraud, waste and abuse in the Medicare Prescription Drug program. You can call them at 877-7SAFERX or (877) 772-3379.

[\(End of script\)](#)

Refer the caller to State Health Insurance Assistance Program (SHIP) for counseling.

(Note: Please make sure you have helped the caller with all of their Medicare questions before referring them to the SHIP.)

[\(End of script\)](#)

Have you spoken to your doctor or pharmacist about this issue?

[YES](#) / [NO](#)

Refer the caller to their doctor or pharmacist.

READ: You should first talk to your doctor or pharmacist. If you talk to them and still do not feel like your problem has been resolved, you should call us back.

[\(End of script\)](#)

TNT to the Quality Improvement Organization (QIO) in the state where the care was given.

READ: I will need to transfer you to the Quality Improvement Organization (QIO) in your state. They will review your complaint(s) about the quality of care that you received. If you get an answering machine or service, please leave a message. Someone will return your call by the close of the next business day.

[\(End of script\)](#)

Go to MA PDP tab and check LIS subsidy level.

READ: Our records show that you should pay [insert LIS amounts] for your prescriptions. Is this the amount you are being charged?

[YES](#)

[NO](#)

This is the amount of extra help you have been approved for. Do you have documentation showing a different approval level?

[YES](#) / [NO](#)

Since you do not have documentation showing a different approval level, this is the amount you will continue to pay for your drugs.

[\(End of script\)](#)

What type of documentation do you have?

- Approval Letter from SSA (Escalate to the Reference Center, [end of script.](#))
 - Letter from CMS (Escalate to the Reference Center, [end of script.](#))
 - Letter from State Medicaid office (Click [here.](#))
-

Go to MA PDP tab and check LIS subsidy level.

If LIS subsidy level is 100%, READ:

You should not be paying a premium UNLESS your plan's premium is higher than the average premium for a plan in your region. Please contact your plan for specific information about how much the premium should be.

If LIS subsidy level is anything BUT 100%, READ:

If you qualify for the extra help, you will pay a reduced premium based on the percentage listed in your award letter. Please contact your plan for specific information about how much the premium should be.

[\(End of script\)](#)

Verify caller's plan name from the MA-PD Tab or the PDPF Tool.

If plan is correct, click [here](#). If caller thinks that they are in a different plan than what is shown, READ:

The quickest way to fix this problem is to call your plan directly. The plan representatives can enter a temporary code in their system to enable you to get your drugs with the extra help. CSR

Note: If caller refuses to contact plan or was unsuccessful after contacting plan, click [here](#).

Verify caller's plan name from the MA-PD Tab or the PDPF Tool.

If plan is correct, click [here](#). If caller thinks that they are in a different plan than what is shown, READ:

The quickest way to fix this problem is to call your plan directly. CSR Note: If caller refuses to contact plan or was unsuccessful after contacting plan, click [here](#).

Check PDPF. Are the drugs that the caller is taking on the formulary and is the caller using a network pharmacy?

If YES, READ: You have two options. You can either call your plan or I can help you file a complaint. (Click [here](#) to file a complaint.)

If NO, READ: If you purchase a drug that is not on your plan's formulary or go to an out of network pharmacy, your co-pay will be higher. [\(End of script\)](#)

Go to script, Drug Coverage Enrollment Plan Unknown.

[\(End of script\)](#)

Verify the caller's plan enrollment/disenrollment status in the MA-PD Tab or in the PDPF Tool.

CSR Note: If the caller agrees with what is in the system, provide the plan phone number if necessary.

If system is not showing the correct enrollment status, offer plan name/phone number so the caller can follow up. If caller refuses to contact plan or has tried unsuccessfully to resolve the

issue with the plan, click [here](#) to file a complaint.

If the system is not showing a disenrollment:

1. Verify that the caller does intend to disenroll versus enroll in a different plan.
2. Ask caller how they disenrolled previously (called plan or 1-800-Medicare).
3. Ask when they previously disenrolled.

If the prior disenrollment action was done more than 30 days ago, and the system still shows the enrollment in that plan, transfer to Tier 2 for disenrollment. [\(End of script\)](#)

Go to PDPF and enter the confirmation number or caller's drugs.

Find the caller's plan and use the drop-down box to "view drug details." Review plan information with the caller such as:

- whether the drug is on the formulary list
- any quantity limits
- step therapy
- prior authorization
- drug costs at each phase of the benefit

If issue is resolved, [end of script](#).

If issue is not resolved, provide the caller with the plan's name/phone number for further discussion with plan. If caller refuses to contact plan or has tried unsuccessfully to resolve the issue with the plan, click [here](#) to file a complaint.

Refer the caller to their prescription drug plan.

READ: The fastest way to get an issue resolved is to contact your plan. If you have not tried recently, you should try to contact the plan first. Many plans now have little or no wait times. If you talk to them and still do not feel like your problem has been resolved, you should call us back.

Note: If caller refuses to contact plan or has tried unsuccessfully to resolve the issue with the plan, click [here](#).

Note: If caller does not know their plan's number, they should be able to locate it on their drug plan card or a recent statement received from their plan.

Note: If caller is not sure which drug plan they are enrolled in, you can verify their plan by checking the plan name from the MA-PD Tab or in the PDPF Tool.

[\(End of script.\)](#)

Complete the PDP Regional Office Referral.

READ: I will need to get some information from you in order to log your complaint. When I am finished, your complaint will be forwarded to your plan for resolution. Someone from the plan will then contact you as soon as possible to help with your complaint.

CSR Note: If caller asks how long it will take to hear from someone, READ:

Your issue is important to us and it will be given serious attention. Unfortunately I am unable to give you a specific timeframe. Someone from your drug plan will contact you as soon as possible.

If they already filed a complaint and it has been less than 48 hours for urgent complaints or less than 5 business days for non-urgent complaints, READ:

I see that you have already filed a complaint. It is being worked on and we appreciate your patience. Please call us back later if you still haven't heard from the plan.

If they already filed a complaint and it has been longer than 48 hours for urgent complaints or longer than 5 business days for non-urgent complaints, file another complaint.

****CSR Note: Click "Next" below to enter complaint.****

Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces)</p> <p>Medicare Part B helps pay for the following services if they are medically necessary based on Medicare requirements:</p> <ul style="list-style-type: none"> • Doctors' services • Outpatient medical and surgical services and supplies • Diagnostic tests (such as CAT Scans, MRI's and PET Scans) • Clinical laboratory services (such as blood tests, urinalysis and more) Medicare pays 100% even if you have not met your yearly Part B deductible. • Ambulatory surgery center facility fees for approved procedures • Home health services • Durable Medical Equipment (such as wheelchairs, hospital beds, oxygen and walkers) • Blood • Physical, occupational and speech therapy • Mental health services (Medicare pays 50% of the approved amount after you have met your Part B deductible.) • Second surgical opinions • Ambulance services • Emergency room services • Preventive Services <p>Medicare pays 80% of the Medicare-approved amount after you have met your yearly \$124 Part B deductible (\$110 in 2005).</p> <p>Medicare Part B does not cover:</p> <ul style="list-style-type: none"> • Acupuncture • Routine foot care (with only a few exceptions) • Hearing aids and hearing exams for the purpose of fitting a hearing aid • Hearing exams (screening) unless ordered by your doctor • Routine or yearly physical exams (Except for the Welcome to Medicare Physical Examination) • Routine eye care and most eyeglasses, or • Cosmetic surgery or • Prescription drugs or medical care received outside the United States except under limited circumstances. <p>Additional Information: Original Medicare does not cover gym memberships. However, some Medicare Advantage Plans, Medicare Health plans, and Medigap policies may offer coverage for fitness programs like SilverSneakers. If you are in a Medicare Advantage Plan, other Medicare Health Plan, or have a Medigap policy, please contact the plan to see if it offers that type of coverage.</p>	
<p>Tips: (Maximum 900 characters including spaces)</p> <p>SCRIPT = CC Prior Determination of Medicare Coverage FFS Referral if services, supplies or equipment have not yet been given and caller wants to confirm that they are covered</p> <p>TRANSFER = Local Contractor if services, supplies or equipment have already been given or if the caller has detailed questions about local coverage policy that can only be answered by the contractor. (Fiscal Intermediary for facility services, Carrier for doctor services, DMERC for durable medical equipment).</p> <p>TIP = Some Medicare Health Plans offer additional benefits not covered by Original Medicare.</p> <p>SCRIPT = CC Preventive Services Overview</p> <p>FULFILLMENT = Medicare & You 10050</p> <p>REFERENCE MATERIAL = Part B Covered/Noncovered Services in Related Reference Material</p>	

Drug Coverage LIS Extra Help Apply

START » Use this script for information about the extra help. (If caller lives in one of the U.S. Territories, read script: Drug Coverage LIS Territories)

If caller wants to know if they are eligible for the extra help and passes disclosure, **use the MA PDP tab** to provide information.

****For help with the MA PDP tab, please review the [MA PDP Job Aid](#).****

» If the **Deemed Indicator = Y** or caller is LIS approved, [click here](#) to provide information based on the fields in the MA PDP tab.

» If the **Deemed Indicator = N**, caller is not LIS approved, or cannot pass disclosure, [click here](#) for income/resource questions.

» If caller says they were approved for the extra help, but our system does not show it, [click here](#).

» Click on one of the links below for information on the extra help:

[HOW TO APPLY](#)

[REAPPLYING](#)

[INCOME/RESOURCE
LIMITS](#)

[LETTER ABOUT LIS
STATUS](#)

DEEMED INDICATOR = Y OR CALLER IS LIS APPROVED

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Our records show that you qualify for extra help paying for Medicare prescription drug coverage. Most people who are eligible for this extra help will have reduced premiums, deductibles, and will pay no more than \$5 for each prescription. The amount of extra help depends on your income and resources. To get drug coverage, you will need to join a Medicare prescription drug plan. I may be able to help you apply for a drug plan today. (**SCRIPT,CS Drug Coverage Prescription Plan Finder PDPF Lead In**)

CSR Note: If caller wants information on their personal subsidy level, go to the MA-PDP tab and check the Limited Income Subsidy History applet.**

TIP BOX:

SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In

END

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APPLYING FOR EXTRA HELP

[TOP](#)[BACK](#)

You can apply for extra help at any time by filling out and mailing an application to the Social Security Administration (SSA). You can also apply online at www.ssa.gov.

[CLICK HERE IF CALLER ASKS ABOUT APPLYING AT THE MEDICAID OFFICE](#)

After you apply, you'll get a letter stating whether or not you qualify and what you need to do next. If you disagree with the decision, you have the right to appeal within 60 days from the date you received your letter. Contact SSA to find out how to file the appeal.

You can apply for the extra help even if you are already in a drug plan. When you are approved, the extra help will automatically be applied to your plan's costs. If you're not in a plan, but you apply for extra help and are approved, you will get a special enrollment period to join a drug plan and you won't have to pay a late enrollment penalty if you join a plan by December 31, 2006. (**SCRIPT, Drug Coverage Enrollment Disenrollment Probing Questions SEP**)

Please contact SSA to:

- get help filling out an application.
- check the status of an application.
- appeal the decision.
- get a copy of your decision letter.
- ask any questions related to your decision letter.

ADDITIONAL INFORMATION:

You and your spouse can apply for the extra help on one application. However, when you join a drug plan, you will need to use separate applications.

You must submit an original copy of the application.

The application will ask for your level of income and resources. You won't have to send any documents when you apply.

SSA does not accept applications by phone.

TIP BOX:

REFERRAL = SSA

FULFILLMENT = SSA LIS APP/Fact Sheet - (31020) **(Do NOT send to residents of U.S. Territories)**

REFERENCE MATERIAL = SSA LIS Determination- Partial Subsidy

REFERENCE MATERIAL = SSA LIS Determination- Full Subsidy

END

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APPLYING AT MEDICAID

[TOP](#)[BACK](#)

Applying for extra help through SSA gives you the quickest decision, but you can also apply at your local Medicaid office. The state will then decide if you qualify for this help or other assistance that your state provides.

TIP BOX:

REFERRAL = Medicaid, if caller applied at the local Medicaid office.

END

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REAPPLYING FOR EXTRA HELP

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If you qualify for the extra help, you'll receive it for the duration of the year. Your eligibility will be reviewed each year and you'll be told if you qualify for extra help for the next year. If you do qualify, you won't need to reapply. However, if in any year you are told that you don't qualify and you do not agree, you will have to reapply.

TIP BOX:

REFERENCE MATERIAL = SSA LIS Determination- Denial

END

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What best describes your situation? ****Click the appropriate link.****

» **MARRIED AND LIVING TOGETHER**

» **SINGLE, A WIDOW(ER), OR YOUR SPOUSE DOES NOT LIVE WITH YOU**

TOP

BACK

INCOME/RESOURCE LIMITS FOR PEOPLE WHO ARE MARRIED AND LIVING TOGETHER

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INCOME

If your annual income is below \$19,800, you may qualify for the extra help. Even if your annual income is higher, you still may qualify. Some examples where your income may be higher would be if you or your spouse:

- Support other family members who live with you.
- Have earnings from work.
- Live in Alaska or Hawaii.

The income amounts listed above are for 2006, and will increase each year. The income limits for 2005 were \$19,245 if married.

RESOURCES

If your savings, investments, and real estate (other than your home) are worth less than \$23,000, you may qualify for the extra help. You should include the things you own by yourself, with your spouse, or with someone else. Do not include your home or personal possessions.

The resource levels listed above are for 2006 and will increase each year.

» **Does the caller have income/resources under these amounts?**

Yes / No

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INCOME/RESOURCE LIMITS FOR PEOPLE WHO ARE SINGLE

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INCOME

If your annual income is below \$14,700, you may qualify for the extra help. Even if your annual income is higher, you still may qualify. Some examples where your income may be higher would be if you or your spouse:

- Support other family members who live with you.
- Have earnings from work.
- Live in Alaska or Hawaii.

****The income amounts listed above are for 2006, and will increase each year. The income limits for 2005 were \$14,355 if single.****

RESOURCES

If your savings, investments, and real estate (other than your home) are worth less than \$11,500, you may qualify for the extra help. You should include the things you own by yourself or with someone else. Do not include your home or personal possessions.

****The resource levels listed above are for 2006 and will increase each year.****

» Does the caller have income/resources under these amounts?

Yes / No

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Based on your answers, you may not qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

I would be happy to send you an application. You can also request one from the Social Security Administration (SSA) by calling them, visiting www.socialsecurity.gov on the web, or by visiting your local SSA office. Would you like me to send you an application today?

[CLICK HERE IF CALLER WANTS HELP WITH FILLING OUT AN APPLICATION OR TO CHECK ON THE STATUS OF AN APPLICATION](#)

TIP BOX:

TIP = If caller wants application, go to Print Fulfillment and order SSA
LIS APP/Fact Sheet - #31020 **(Do NOT send to residents of U.S.**

Territories)

REFERRAL = Social Security Administration

END

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Based on your answers, you MAY qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

I would be happy to send you an application. You can also request one from the Social Security Administration (SSA) by calling them, visiting www.socialsecurity.gov on the web, or by visiting your local SSA office. Would you like me to send you an application today?

[CLICK HERE IF CALLER WANTS HELP WITH FILLING OUT AN APPLICATION OR TO CHECK ON THE STATUS OF AN APPLICATION](#)

TIP BOX:

TIP = If caller wants application, go to Print Fulfillment and order SSA LIS APP/Fact Sheet - #31020 **(Do NOT send to residents of U.S. Territories)**

REFERRAL = Social Security Administration

END

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CALLER SAYS THEY WERE APPROVED FOR THE EXTRA HELP, BUT OUR SYSTEM DOES NOT SHOW IT

Please keep a copy of your award letter. You may need to show it to your plan as proof that you qualify for extra help.

END

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LETTER ABOUT LIS STATUS

READ: Please look at the first page of your letter. Does it say:

- **We must regularly review the cases of people who receive extra help with Medicare prescription drug plan costs**
- OR
- **Please keep this notice for your records**

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REDETERMINATION LETTER

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You received this letter because the Social Security Administration (SSA) needs to see how your income and financial status compare with the information on file. SSA will use this information to determine your eligibility for extra help in 2007.

- **If the information in this letter is correct** or if your income or resources are less than the amount listed, you do not need to do anything. Do not return the enclosed form.
- **If the information in this letter is not correct**, return the enclosed form to SSA within 15 days. You can also call SSA at 1-800-772-1213. The Social Security Administration will then contact you again by mail to correct their records. The information on file will be updated based on your response to this second letter. You will have 30 days to send your response.

TIP BOX:

REFERENCE MATERIAL = Drug Coverage Notice of Review
Redetermination Letter

END

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REDEEMING NOTICE

[TOP](#)[BACK](#)

READ: What does the letter say after "Please keep this notice for your records"?

If letter says "You are getting this notice because starting January 1, you will no longer automatically qualify for extra help", READ: You received this letter from Medicare because your income or resources may have changed. This means starting January 1, 2007, you won't automatically qualify for the extra help because you no longer

- qualify for both Medicare and Medicaid; OR
- get help from your state paying for your Medicare premiums; OR
- get Supplemental Security Income (SSI) benefits.

The good news is you may still be able to save on your Medicare prescription drug coverage costs. You may still qualify by applying for extra help with the Social Security Administration or your State Medicaid Office.

Would you like information on reapplying for the extra help?

[CLICK HERE IF CALLER WANTS TO REAPPLY](#)

If letter says "You will continue to qualify for extra help to pay for Medicare prescription drug coverage next year", READ: You received this letter because the amount you pay for each drug is changing next year. Your current and new copay amounts are listed in the second paragraph of this letter.

[CLICK HERE IF CALLER DOES NOT AGREE WITH LETTER](#)

****CSR Note:** If caller received the letter in English and would like it in Spanish, have them look for the publication number at the lower right-hand corner of the letter. Go to Print Fulfillment to order a copy in Spanish.**

TIP BOX:

REFERENCE MATERIAL = Redeeming Notice (Loss of Status)

REFERENCE MATERIAL = Redeeming Notice (Change in Copay)

FULFILLMENT = Redeeming Notice (Loss of Status) Spanish - 11198-S

FULFILLMENT = Redeeming Notice (Change in Copay) Spanish - 11199-S

END

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REAPPLYING

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The easiest way to reapply is by filling out and mailing the application that is included with your letter from Medicare. If you have questions about filling out the application, please contact the Social Security Administration (SSA) at 1-800-772-1213 (TTY users should call 1-800-325-0778). You can also visit Social Security online at www.socialsecurity.gov.

You can also reapply by:

- completing an application for the extra help online at www.socialsecurity.gov;
- contacting SSA by phone;
- mailing in a paper application; OR
- visiting the local Social Security office.

Whatever method you choose, be sure to apply as soon as possible. If you are approved, you will get the extra help as early as January 1, 2007. There is no cost or obligation to apply.

Remember, you can always apply or reapply for extra help if your income and resources change. Would you like information on the income and resource limits for the extra help?

[CLICK HERE IF CALLER WANTS INFORMATION ON INCOME/RESOURCE LIMITS](#)

If caller asks, "What if I still don't qualify for extra help?" [CLICK HERE](#)

TIP BOX:

REFERRAL = SSA

REFERRAL = State Medicaid Office

END

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STILL DON'T QUALIFY

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If you don't qualify for extra help, there may be other options for lowering your prescription drug costs.

- Your state may have programs that provide help paying for your prescription drug costs. Please contact your State Medicaid office for more information.
- Some Medicare drug plans have no premiums or deductibles. Compare your current plan with other plans in your area to see if you can save more money. When you are comparing plans, be sure the plan covers the prescriptions you take and you can continue to use your pharmacy to fill prescriptions if it is important to you.

You have the opportunity to switch Medicare drug plans from November 15 through December 31 each year. Your new coverage would begin January 1 of the following year.

TIP BOX:

REFERRAL = State Medicaid Office

END

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DISAGREES WITH REDEEMING NOTICE

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****IF CALLER DISAGREES WITH CO-PAY AMOUNT**, confirm that the co-pay amount that the caller disagrees with matches the co-pay amount showing in NGD.**

If you disagree with the decision in the letter you received, contact your State Medicaid Office.

****IF CALLER DISAGREES WITH LOSS OF LIS ELIGIBILITY**, continue with this portion. You can determine why the caller's LIS status changed by hovering over the Deemed Reason Code in the Deemed Eligible History in the MA PDP tab. A definition of the Deemed Reason Code will then appear.**

If you disagree with the decision in the letter you received, contact your State Medicaid office or the Social Security Administration to verify your eligibility for Medicaid or SSI benefits. If you received this letter because you

- **no longer qualify for Medicaid**, please contact your State Medicaid Office.
- **no longer get help paying for your Medicare premiums**, please contact your State Medicaid Office.
- **no longer receive Supplemental Security Income (SSI)**, please contact the Social Security Administration at 1-800-772-1213.

TIP BOX:

REFERRAL = State Medicaid Office

REFERRAL = SSA

END

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****Shortcut:** If you already used this script to order a replacement card, [click here](#).

Do you receive benefits from RRB or SSA?

[RRB](#) / [SSA](#)

If the caller receives benefits from the RRB read:

With your permission I will need to ask you a few questions in order to complete your request.

Also, I must inform you that the Railroad Retirement Board and Medicare are allowed to collect this information under the Privacy Act of 1974. The information is needed to quickly identify you and prepare the replacement Medicare card you requested. Giving us this information is voluntary. However, without this information I will not be able to help you get a replacement Medicare card and you would need to contact the Railroad Retirement Board. For me to complete your request you will need to give me the following information:

1. Your name as it appears on your most recent Social Security card
2. RRB claim number (the retiree employee number)
3. Your Social Security number (the number of the person who needs the replacement card)
4. Your email address
5. Your mailing address
6. Your daytime phone number in case we need to contact you about your request

Do you have this information available?

[Yes](#) / [No](#)

Click this link [Order Medicare Card](#) to complete the process.

[End of script - please log](#)

Refer the caller to the RRB. The Railroad Retirement Board Hours of Operation are 9:00 am-3:30 pm the caller's local time.

[End of script - please log](#)

If the caller receives benefits from the SSA:

CSR NOTE: The hours of operation for ordering a replacement Medicare card and temporary statement of Medicare coverage through NGD are Monday - Friday 6 am-10 pm ET and Saturday 6 am - noon ET.

[During Operating Hours](#) / [Before/After Operating Hours](#)

I can help you order your replacement card and temporary statement of Medicare coverage. Would you like me to help you?

[Yes](#) / [No](#)

Medicare and Social Security are allowed to collect information under the Privacy Act. We need this information to quickly identify you so you can receive your replacement Medicare card. Giving us this information is voluntary, and it will not be used by Medicare or Social Security for any other purpose. However, without this information we will not be able to help you get a replacement Medicare card and you will then need to contact Social Security directly.

With your permission, I will need the following information in order to complete your request:

- Your Social Security number

- Your first name
- Your middle initial
- Your last name
- A suffix (Jr., Sr., II, etc.) if applicable
- Other last name (if any)
- Your date of birth

****CSR NOTE:** If during operating hours, use NGD. If outside operating hours, [click here for the SSA website](#).**

After you have completed the order:

If the caller has ordered a replacement Medicare card ONLY, say:

Thank you, your order has been placed. You should receive your new Medicare card in about four weeks.

****CSR NOTE:** If the caller lives in Puerto Rico, they should receive a new Medicare card within 12 weeks.**

If the caller has ordered a replacement Medicare card AND a temporary statement of Medicare eligibility, say:

Thank you, your order has been placed. You should receive your temporary statement of Medicare eligibility in about ten days. You should receive your new Medicare card in about four weeks.

If the caller needs immediate proof of Medicare eligibility say and cannot wait ten days: If you need immediate proof of Medicare eligibility, visit your local Social Security office and they will be able to provide you with a temporary statement of Medicare eligibility.

[End of script - please log](#)

You may also apply for a replacement card online through Social Security's website at <http://www.socialsecurity.gov/medicarecard>.

[End of script - please log](#)

Status: Active	Deactivated Date: n/a
<p>Script: Medicare Advantage Plans are another way for you to receive your Medicare benefits. They must provide all the same services that you would receive under the Original Medicare plan. They are offered by private insurance companies in most parts of the country. Medicare pays a set amount of money every month to the private insurance company.</p> <p>In most plans, you can only go to certain doctors and hospitals that agree to treat members of the plan. The doctors can join or leave a plan at any time. Some of these plans require referrals if you need to see specialists.</p> <p>You may pay more if you get health care outside the service area of the plan, unless you have an emergency or need urgent care. (Some plans offer a Point-of-Service option that allows you to go to other doctors and hospitals. Most of the time this costs you more, but this option gives you more choices.)</p> <p>Some plans may offer extra benefits such as eyeglasses. You may have to pay an extra monthly premium in addition to continuing to pay your monthly Part B premium. However, you will not have to buy an extra supplemental or Medigap policy. Once you are in a plan, that plan is responsible for your health care needs as well as all of your claims and/or bills. The plan may require less paperwork and have a phone hotline for medical advice.</p> <p>Additional Information:</p> <ul style="list-style-type: none">• Each year, the companies offering Medicare Advantage Plans can decide to join, stay with, or leave Medicare.• You are only able to join or leave a Medicare Advantage Plan at certain times. More information is available in the 2007 Handbook.• You may have to get your skilled nursing facility (SNF) care from a SNF that belongs to your plan. Call your plan to see which SNFs belong to your plan.• The plans issue their own cards to use.	
<p>Tips: REFERRAL = Medicare Advantage Plan REFERRAL = State Health Insurance Assistance Program (SHIP) for counseling FULFILLMENT = Choosing a Medicare Health Plan - 02219 FULFILLMENT = Medicare & You Handbook -10050 SCRIPT = EE Medicare Advantage Plan with Point of Service POS</p>	

SSA Premium Issues Part B and Drug Coverage

START » ****CSR NOTE:** Use this script if the caller is having problems with their SSA premium deductions.**

What is the caller's issue? ****Use probing questions.****

Caller's Social Security payment is too small.

Caller's Social Security payment is too big or they received a separate payment from SSA.

Caller received a letter about a refund.

****Do NOT scroll through this script. Follow the flow by clicking on the appropriate link(s).****

****Do NOT enter these cases as complaints.****

****If caller's Medicare drug plan premium deductions are delayed, READ Drug Coverage Cost Premium Withhold Delay in CC Medicare Costs and Premiums.****

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The Centers for Medicare and Medicaid Services (CMS) is aware that some issues still need to be addressed to ensure that each beneficiary's Social Security payment reflects accurate Part B and Medicare drug plan premiums. CMS believes that many of these inaccuracies result from data mismatches between CMS and the Social Security Administration (SSA). Examples of these include mismatches of beneficiary names, dates of birth, and Social Security numbers.

CMS has been working hard to resolve these issues and they submitted data files to Social Security in early August to correct these issues. CMS expects that this will largely resolve the outstanding premium issues for beneficiaries.

If you are owed refunds by the Social Security Administration, you should receive a refund payment or direct deposit by mid-September. CMS will continue to work with SSA to resolve any additional issues.

If you believe that you are owed a refund and you do not receive a refund payment from Social Security by late September, you should call 1-800-MEDICARE again and we will file a complaint for investigation of your specific situation. When you call, you should be prepared to provide the following:

- Your full name.
- Your phone number or other contact information.
- Your Medicare number.
- The name of your Medicare Advantage plan or Medicare drug plan.
- The date that you signed up for that plan.

TIP BOX:

TIP = Do **not** refer callers to SSA.

REFERRAL = Medicare Advantage Plan or Medicare drug plan

END

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There are certain cases where you may have had too much taken out of your Social Security payment.

****CSR NOTE:** Read the following examples to determine if caller should get a refund.**

These cases are:

1. You are enrolled in a Medicare Advantage plan and your plan offers a Part B premium reduction (that is, you would pay less than \$88.50 for your Part B premium) but SSA has been withholding the full \$88.50 from your Social Security payment. (CSR Note: There are 41 MA plans who offer this in 2006). When you enrolled in the MA plan, your Part B premium should have been automatically reduced. However, it may take a month or two for the premium reduction to be reflected in your Social Security payment.
2. You asked your plan to stop your Medicare Advantage or Medicare drug plan premium from being withheld from your Social Security payment but it continued to be withheld. (This would include people who disenrolled from the plan but the premium continued to be withheld from their Social Security payment.)
3. You are eligible for the extra help but Social Security has been withholding the full premium amount from your Social Security payment.
4. The premium amount being withheld from your payment is not the correct amount. For example, you changed plans but SSA continued to withhold the premium amount for the first plan rather than the current plan. In this case, CMS has not been sending the premium payments to your plan. Social Security will refund the amount of premiums that have been withheld. If you have not been paying the plan directly, you should use this refund money to help pay for the premiums owed to the plan. The plan will contact

you about the premium payments. CMS expects that plans will work with their members to set up a payment plan that meets each person's needs. Plans are not allowed to disenroll you for non-payment of premiums due to the SSA premium withhold process.

Does caller fall into one of these categories?

If **YES**, [Click here](#).

If **NO**, **READ**: It can take 1-3 months for premiums to start being deducted from SSA benefits. Once the premiums begin to be deducted, up to 3 months worth of premiums can be taken out of one SSA payment. This may be the reason that your SSA payment is smaller this month. ****READ SCRIPT = Drug Coverage Cost Premium Withhold Delay (in CC Medicare Costs and Premiums) for more information about this.****

****If caller still feels as though they should get a refund, escalate the call to the Reference Center.****

TIP BOX:

TIP = Do **not** refer callers to SSA.

REFERRAL = Medicare Advantage Plan or Medicare drug plan

END

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****Use if caller states their SSA payment is significantly reduced because of many months worth of Medicare drug plan premiums being deducted from their SSA payment.****

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****CSR Note:** Go to Reference Materials document "August SSA Refund Check for the 465 Beneficiaries" to verify that the beneficiary's name and Medicare number (HICN) are listed in the document.

Are caller's name and HICN listed?

IF NO: [Click here](#).

IF YES: [Click here](#) ONLY if caller is in "August SSA Refund Check for the 465 Beneficiaries" document.

END

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****Do not read unless you verified the caller is in "August SSA Refund Check for the 465 Beneficiaries" document.****

The Centers for Medicare and Medicaid Services (CMS) is aware of the issue with your Medicare premiums being taken out of your SSA payment. This was for premiums that were owed to your Medicare plan. You should have received a refund payment from SSA in August 2006. The refund payment was separate from your monthly SSA payment. CMS will then change your premium payment process so that the plan will bill you directly.

Your September SSA payment will therefore not include a deduction for your plan premium. Your Medicare plan will be contacting you to set up payment arrangements to collect the past due premium amounts. You should use this refund money to help pay for the premiums owed to the plan. CMS expects that your plan will work with you to set up a payment plan that meets your needs. Plans are not allowed to disenroll you for non-payment of premiums due to SSA premium withhold processing. **If caller states they have not received the payment and cannot wait, READ:**

If you cannot wait for the refund payment, please visit your local SSA office to get immediate assistance. If you do not have the address, I can provide it.

****CSR Note:** If caller needs the address to their local SSA office, click [here](#). Type in caller's zip code and provide the address and hours of operation.

TIP BOX:

REFERRAL = SSA

SCRIPT = [SSA Premium Issues Part B and Part D](#), if caller's name
and HICN are not listed in August SSA Refund Check for the 465
Beneficiaries

END

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****Use if the caller states that they received a lump sum payment from the Social Security Administration (SSA) for their Medicare drug plan premium.****

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****Go to Reference Materials document "August SSA Refund Check for the 465 Beneficiaries" to verify that the beneficiary's name and Medicare number (HICN) are listed in the document.****

Are caller's name and HICN listed?

IF YES: [Click here](#) ONLY if caller is in "August SSA Refund Check for the 465 Beneficiaries" document.

IF NO: ****Go to Reference Materials document "Erroneous Refund Check for the 231,000 Beneficiaries" to see if the beneficiary's name and Medicare number (HICN) are listed in the document.****

- In the document, there are 4 tabs at the bottom of the spreadsheet. **Click on the tab that corresponds with the beneficiary's last name.** The first tab is for A-E, the second tab is for F-K, the third tab is for L-R, and the fourth tab is for S-Z. The tabs are labeled with those letters.

Are the caller's name and HICN listed?

IF YES: [Click here](#) ONLY if caller is in "Erroneous Refund Check for the 231,000 Beneficiaries" document.

IF NO: Escalate to the Reference Center

END

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****Do not read unless you verified the caller is in "Erroneous Refund Check for the 231,000 Beneficiaries" document.****

Due to ongoing litigation, I cannot answer questions about this issue today. Your coverage will continue without interruption. Please call back on Monday, October 2, which is when we expect to have more information.

****CSR NOTE:** If caller has a question about the term litigation, READ:
It means the same as a lawsuit.

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****Do not read unless you verified the caller is in "August SSA Refund Check for the 465 Beneficiaries" document.****

The Centers for Medicare and Medicaid Services (CMS) is aware of the issue with too many Medicare premiums being taken out of your SSA payment. This was for premiums that were owed to your Medicare plan. SSA sent you a refund for the premiums that were taken out. The refund payment was separate from your monthly SSA payment. CMS will change your premium payment process so that the plan will bill you directly.

Therefore, your September SSA payment will not include a deduction for your plan premium. Your Medicare plan will be contacting you to set up payment arrangements to collect the past due premium amounts. You should use this refund money to help pay for the premiums owed to the plan. CMS expects that your plan will work with you to set up a payment plan that meets your needs. Plans are not allowed to disenroll you for non-payment of premiums due to SSA premium withhold processing.

TIP BOX:

REFERRAL = SSA

END

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Status: Active	Deactivated Date: n/a
<p>Script:</p> <p>Medicare helps pay for durable medical equipment, prosthetics, orthotics and supplies for use in your home. Generally, these types of services are referred to as Home Medical Equipment (HME). All home medical equipment must be ordered by your physician. Depending on the type of equipment you need, a Certificate of Medical Necessity (CMN) from your physician may be necessary to show the item is medically necessary. Your DMERC can tell you if a CMN is needed and how you can get one.</p> <p>Examples of Home Medical Equipment covered by Medicare include:</p> <ul style="list-style-type: none"> • Canes, crutches, and walkers; • Diabetic supplies (such as glucose monitors, test strips, lancets and insulin pumps); • Therapeutic shoes for diabetics; • Artificial limbs and eyes; • Eyeglasses (one pair after cataract surgery with an intraocular lens); • Ostomy pouches, urological supplies, and surgical dressings; • Arm, leg, back and neck braces; • Oxygen; • Wheelchairs; • Hospital beds; and • CPAP machines. <p>These items are covered if they are medically necessary based on Medicare requirements.</p> <p>Medicare pays for different kinds of Home Medical Equipment in different ways. Some equipment must be rented first, while other types can be purchased outright. Your DMERC can provide more specific information.</p> <p>Medicare also helps pay for the repair, replacement parts, or the replacement of lost, stolen, damaged or unusable equipment, as long as the equipment is medically necessary.</p> <p>Medicare pays 80% of the Medicare-approved amount after you have met your \$124 Part B deductible (\$110 in 2005).</p> <p>Medicare will not pay for:</p> <ul style="list-style-type: none"> • Inhalers; • Exercise equipment; • Stair lifts; • Home or vehicle ramps; • Surgical stockings; • Incontinent supplies (such as Depends); • Wigs; • Bath aids (such as raised toilet seats or tub bars); and • Insulin and syringes. <p>Tips:</p> <p>TIP = Medicare may replace worn or damaged items if older than five years. If less than five years old, Medicare may only pay for repairs. If the item is being rented, the caller will need to contact the supplier. The age of the item is determined by the length of time the person with Medicare has owned it.</p> <p>REFERENCE MATERIAL = List of Covered/Noncovered DME</p> <p>SCRIPT = Drug Coverage Covered and Excluded Drugs</p> <p>SCRIPT = CC Prior Determination of Medicare Coverage FFS Referral if services, supplies or equipment have not yet been given and caller wants to confirm that they are covered.</p> <p>TRANSFER = DMERC if services, supplies or equipment have already been given or if the caller has detailed questions about local coverage policy that can only be answered by the contractor.</p> <p>FULLFILLMENT = Medicare Coverage of Durable Medical Equipment-11045</p>	

Status: Active	Deactivated Date: n/a
<p>Script: I am able to give you general Medicare coverage information, however; Medicare does not pre-authorize coverage for medical services. Medicare will make a coverage decision when your health care provider sends a claim to Medicare. Your health care provider should explain to you if Medicare typically covers the services s/he recommends for you.</p> <p>CSR NOTE: For services performed in Connecticut, Florida, Illinois, Michigan, Minnesota, and Wisconsin, read SCRIPT "CC Prior Determination Pilot Overview" if the beneficiary's services will be performed in one of the states above.</p> <p>ADDITIONAL INFO: If you would like more information about how Medicare determines that a service is medically necessary, I can transfer you to your local contractor that processes claims for your state. I will need to connect you with another representative. They may ask you to repeat your information. Please stay on the line while I transfer you. You may hear some music before the representative answers.</p> <p>CSR NOTE: Refer to Fiscal Intermediary for items or services provided in a hospital or other facility. Refer to the Carrier for doctor or outpatient services. Refer to the DMERC for supplies. Refer to the RHHI for services performed by a home health agency or hospice.</p> <p>CSR NOTE: If the caller states that their provider or supplier told them to call Medicare to get pre-authorization, tell the caller to have their provider contact the FFS Contractor's Provider Services Department.</p> <p>CSR NOTE: Wisconsin Physician Services covers Illinois, Michigan, Minnesota, and Wisconsin. First Coast Service Options covers Connecticut and Florida.</p>	
<p>Tips: TIP = If caller asks questions about an article that CMS released regarding hospital payment information, please read the above script and give the caller the following website to review the information: http://www.cms.hhs.gov/HealthCareConInit/01_Overview.asp#TopOfPage</p>	